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ABSTRACT

In order to assess the impact of proposed health care reform legislation on higher education institutions, a survey was conducted of colleges, universities, and community colleges concerning medical plan design, medical coverage for part-time employees, medical plan costs, retiree medical coverage, and the potential use of purchasing pools. The survey, mailed to 1,700 institutions, netted responses from 522 institutions. Finding highlights include the following: (1) 63 percent of colleges and universities offer indemnity medical plans; (2) 29 percent of employees are part-time, and most institutions do not subsidize medical coverage for part-time employees; (3) among private four-year and graduate institutions, 39 percent have active medical plan costs equal to 8 percent of payroll or more; (4) of two-year institutions 53 percent have costs equal to 8 percent of payroll or more; (5) 45 percent of colleges and universities subsidize retiree medical coverage; (6) in a choice between joining a purchasing pool or maintaining their own plans, the most important factor would be cost savings for 48 percent of public and 57 percent of private institutions; and (7) given the option to continue their current plan or join a pool, a majority of public and private, large and small institutions would probably maintain their own plan. A list of survey participants is included. (JB)

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ED 377 746

Health Care Reform: Potential Impact on Colleges and Universities

March 22, 1994

Sponsored by:
Washington Higher Education Secretariat (WHES) Health Care Reform Task Force

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About This Survey

The national debate over health care reform has reached a critical phase. Congress will debate and negotiate health care reform during the next several months, with these discussions playing a crucial role in the ultimate shape of health care reform legislation.

Like all employers, higher education institutions are concerned about the outcome of this debate and the possible impact it could have on colleges and universities. The Washington Higher Education Secretariat (WHES) Health Care Reform Task Force continues to monitor the legislative process and to keep its membership informed about developments. The WHES Task Force is charged to review the implications of health care reform, develop responses and recommendations, and help to prepare higher education for the impending changes.

Members of the WHES Task Force are:

- American Association of Community Colleges (AACC)
- American Association of Colleges of Nursing (AACN)
- American Association of State Colleges and Universities (AASCU)
- American Association of University Professors (AAUP)
- American Council on Education (ACE)
- Association of Community College Trustees (ACCT)
- College and University Personnel Association (CUPA)
- Hispanic Association of Colleges and Universities (HACU)
- National Association of College and University Business Officers (NACUBO)
- National Association of Independent Colleges and Universities (NAICU)

To assist the WHES Task Force in these efforts, Hewitt Associates LLC conducted a survey of colleges and universities. This survey had three goals:

- Analyze the potential impact of currently proposed legislation on colleges and universities.
- Allow for future analysis as reform proposals change.
- Learn the opinions of college and university human resource professionals about selected health care reform issues.

Questionnaires were mailed to over 1,700 higher education institutions in mid-January. The survey requested current demographic and plan design information to allow for analyzing the impact of proposals. It also asked several questions seeking opinions about health care reform issues.

Responses were accepted through February 25; 522 institutions responded to the questionnaire. The results of this survey are presented in the remainder of this report.

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Executive Summary

These survey results present information from 522 colleges and universities. This report includes information about: medical plan design, medical coverage for part-time employees, medical plan costs, retiree medical coverage, and the potential use of purchasing pools. Highlights of these results follow; additional details can be found in each section of this report.

Plan Design

- Indemnity plans are still the most prevalent (63%) medical plan type offered by colleges and universities.
- Two-fifths of respondents (42%) provide only one plan type. For one-fifth (22%) that one plan is an indemnity plan.
- Health Maintenance Organizations (HMOs) are offered at a majority of colleges and universities (54%).
- Preferred Provider Organizations are offered by a significant minority (40%) of survey respondents.
- Most colleges and universities (68%–81%, depending on plan type) subsidize 80 percent or more of the premium for single coverage; about one-third to one-half do so for family coverage.
- Colleges and universities tend to have relatively generous plan designs, in terms of employee cost sharing.
- Most respondents (63%) do not think their colleges and universities would cut benefits if a mandated package were less generous.
- At a majority of institutions, pre-tax premiums (86%) and health care spending accounts (58%) are provided for employees.

Part-time Employees

- Colleges and universities have a relatively high proportion of part-time employees (29% of total employees, overall).
- This trend is higher for faculty compared with staff, for private institutions compared with public, and for smaller institutions.
- The use of part-time employees is highest among two-year institutions.
- Most colleges and universities do not subsidize medical coverage for part-time employees.

- A majority of respondents (59%) believe a mandate to subsidize part-time medical coverage would lead to a reduction in the number of part-time positions at their institutions. However, very few (4%) believe their institutions would eliminate part-time positions.
- If part-time student employees were included under such a mandate, the number who feel part-time positions would be reduced or eliminated increases (63% and 10%, respectively).

Medical Plan Costs

- Among private four-year and graduate institutions, over one-third (39%) have active medical plan costs equal to 8 percent of payroll or more. Slightly more (43%) of public four-year and graduate institutions spend 8 percent or more of payroll on active medical coverage.
- Over half (53%) of two-year institutions have active medical costs equal to 8 percent of payroll or more .

Retiree Medical Coverage

- Less than half (45%) of colleges and universities subsidize retiree medical coverage.
- Public institutions are somewhat more likely to subsidize coverage for both pre-65 retirees (45% of institutions) and post-65 retirees (43%) than are private institutions (32% and 31%, respectively).
- When retiree health coverage is provided, almost all institutions provide prescription drug coverage.

Purchasing Pools

- If given the option to join a purchasing pool or to continue to maintain their own plans, the most important factor in the decision would be cost savings for 48 percent of public and 57 percent of private institutions.
- Other important factors are: extent of control over the plan, administrative ease or complexity, concern for employee health and well-being, and employee relations.
- If given the option to continue their own plan or join a purchasing alliance:

  For public institutions:

  — Among those with over 1,000 full-time employees, most (74%) say they are somewhat or very likely to maintain their own plan.

  — Among those with 100 or fewer full-time employees, only half (50%) say they are somewhat or very likely to have their own plan.

The percentages rise for private institutions:

— Most (93%) of those with over 1,000 full-time employees are somewhat or very likely to have their own plan.

— While the proportion drops, even among those with 100 or fewer full-time employees, four-fifths (82%) say they are somewhat or very likely to maintain their own plan.

Plan Design

There are numerous aspects of medical plan design that could be affected by health care reform. Some of the key design issues of concern to colleges and universities include:

- Would current plan options have to be changed or expanded?
- Would the current premium subsidy by the institution have to increase?
- Would benefit levels have to be increased? Conversely, would institutions be penalized for providing benefits beyond a mandated package?
- Would pre-tax premiums and flexible spending accounts be allowed to continue?

Types of Plans

Many reform proposals encourage the continued growth of managed care. For example, President Clinton's proposal would require that all individuals have access to a health maintenance organization (HMO) with a point-of-service out-of-network option and a "combination plan" similar to a preferred provider organization (PPO) option, as well as to a traditional fee-for-service indemnity plan.

Like other employers, as colleges and universities have attempted to slow the increase in their medical plan costs, they have increased their use of managed care options. However, traditional indemnity plans continue to be the most prevalent plan type among survey participants.

- Most institutions (63%) offer a traditional indemnity plan to employees.
- Public institutions are somewhat more likely (69%) to offer an indemnity plan than are private institutions (58%).
- HMOs are also offered by a majority (54%) of the survey participants.

Types of Plans Offered	Percentage of Institutions		
	Public *(n=242)*	Private *(n=278)*	All *(n=521)*
Traditional indemnity	69%	58%	63%
Health Maintenance Organization (HMO)	54%	55%	54%
Preferred Provider Organization (PPO)	43%	38%	40%
Point-of-Service HMO (POS)	17%	17%	17%
Other (e.g., EPO, cash subsidy)	3%	2%	2%

(Percentages do not total 100% due to multiple responses)

Most reform proposals encourage the availability of various types of medical plans.

- At 40 percent of public institutions and 43 percent of private institutions, only one plan type is offered to employees.
- At 25 percent of public institutions and 21 percent of private institutions, a traditional indemnity plan is the only type of plan offered to employees.

Plan Types	Percentage of Institutions		
	Public *(n=521)*	Private *(n=242)*	All *(n=278)*
Indemnity only	25%	21%	22%
PPO only	10%	12%	11%
POS only	4%	5%	5%
HMO only	1%	4%	4%
Other only	--	1%	<1%
Indemnity + HMO	19%	18%	18%
Indemnity + PPO	4%	4%	4%
Indemnity + POS	1%	1%	1%
PPO + HMO	10%	9%	10%
PPO + POS	<1%	1%	1%
POS + HMO	3%	6%	5%
Indemnity + PPO + HMO	13%	10%	11%
Indemnity + POS + HMO	2%	3%	2%
Other combinations	8%	5%	6%

Medical Plan Subsidies

One possible health care reform provision mandates employers to subsidize a certain percentage of the medical plan premium, at least for full-time employees.

- Currently, for full-time employees most colleges and universities (68%–81%, depending on plan type) subsidize 80 percent or more of the premium for single coverage for both faculty and staff.
- For those institutions that provide family coverage, generally, one-third to one-half of the participants (29%–46%, depending on plan type) subsidize 80 percent or more of the premium.
- POS plans tend to have lower employer subsidies than other plan types.

Employer Subsidy for Full-time Employees–Faculty	Percentage of Institutions			
	Indemnity	PPO	POS	HMO
Employer subsidy for single coverage	*(n=301)*	*(n=180)*	*(n=74)*	*(n=248)*
<50%	5%	6%	8%	4%
50%–69%	9%	8%	13%	6%
70%–79%	8%	5%	11%	10%
80%–89%	15%	19%	14%	16%
90%–99%	13%	17%	18%	16%
100%	50%	45%	36%	48%
Median subsidy	100%	95%	88%	98%
Employer subsidy for family of four	*(n=245)*	*(n=152)*	*(n=69)*	*(n=211)*
<50%	17%	19%	19%	16%
50%–69%	24%	27%	35%	25%
70%–79%	13%	9%	17%	16%
80%–89%	16%	18%	17%	14%
90%–99%	8%	7%	3%	10%
100%	22%	20%	9%	19%
Median subsidy	75%	73%	68%	75%

Employer Subsidy for Full-time Employees--Staff	Percentage of Institutions			
	Indemnity	PPO	POS	HMO
Employer subsidy for single coverage	*(n=297)*	*(n=182)*	*(n=76)*	*(n=248)*
<50%	5%	5%	8%	4%
50%–69%	9%	8%	12%	6%
70%–79%	8%	7%	12%	10%
80%–89%	16%	20%	14%	16%
90%–99%	14%	17%	17%	16%
100%	48%	43%	37%	48%
Median subsidy	97%	95%	90%	97%
Employer subsidy for family of four	*(n=241)*	*(n=154)*	*(n=70)*	*(n=211)*
<50%	17%	18%	21%	16%
50%–69%	24%	30%	32%	26%
70%–79%	14%	9%	17%	15%
80%–89%	16%	17%	16%	15%
90%–99%	8%	8%	3%	9%
100%	21%	18%	11%	19%
Median subsidy	75%	70%	68%	75%

Benefit Features

Another key concern for colleges and universities is how their current benefit levels would compare with a government-mandated standard benefit package.

The tables on the following pages provide an overview of the design features among survey participants' indemnity plans, PPOs, and POS plans.

- When an institution had more than one of a particular plan type, they were asked to provide the design for the option covering the largest number of employees.
- For PPOs and POS plans, the information in the tables is based on benefits provided when in-network benefits are used. Benefits for using out-of-network providers are typically lower.

The specific features examined in the following tables are:

- Hospital and physician coinsurance,
- Individual and family deductibles,
- Individual and family out-of-pocket maximums, and
- Overall plan maximums.

Coinsurance

- Almost all indemnity plans (98%) provide employer coinsurance of 80 percent or more for both hospital and physician services.
- Similarly, most PPOs and POS plans have employer coinsurance levels of 80 percent or higher.
  - — PPOs most often provide coinsurance of 90 percent (hospital coinsurance, 38%; physician, 36%) or 100 percent (hospital coinsurance, 33%; physician, 29%) for in-network services.
  - — A majority of POS plans (58%) provide hospital coinsurance of 100 percent; for physician services these plans typically provide 100 percent coinsurance (48% of plans) or simply charge a per-visit copay, e.g., $10 per visit (26% of plans).

	Percentage of Institutions		
Coinsurance	Indemnity	PPO In-Network	POS In-Network
Hospital	*(n=278)*	*(n=195)*	*(n=76)*
50%	<1%	--	--
70%	1%	--	--
75%	1%	<1%	--
80%	56%	22%	8%
85%	1%	3%	3%
90%	7%	38%	21%
95%	1%	2%	1%
100%	32%	33%	58%
Other (e.g., per admission)	1%	2%	9%
Physician	*(n=272)*	*(n=184)*	*(n=73)*
50%	<1%	--	--
70%	1%	1%	--
75%	1%	1%	--
80%	73%	23%	6%
85%	2%	2%	3%
90%	7%	36%	16%
95%	--	--	1%
100%	15%	29%	48%
Per visit copay	1%	8%	26%

Deductibles

- College and university indemnity plans typically have relatively low deductibles.
- PPOs and POS plans also tend to have low deductibles or no deductibles for in-network benefits. Among the POS plans, three-fourths (76%) have no deductible for in-network benefits.

	Percentage of Institutions		
Annual Deductible	**Indemnity**	**PPO In-Network**	**POS In-Network**
Individual	*(n=308)*	*(n=195)*	*(n=71)*
No deductible	3%	30%	76%
$100 or less	36%	18%	6%
$150	7%	7%	--
$200	22%	21%	9%
$250	18%	9%	3%
$300	5%	6%	1%
$350	--	1%	--
$400	<1%	<1%	1%
$500 or more	4%	4%	1%
Varies by pay	3%	3%	--
Other	2%	1%	3%
Family	*(n=298)*	*(n=192)*	*(n=72)*
No deductible	3%	30%	76%
$200 or less	21%	10%	--
$250	1%	2%	--
$300	18%	14%	6%
$350	1%	1%	--
$400	16%	6%	3%
$450	3%	3%	--
$500	10%	9%	1%
$600	7%	14%	6%
$750	7%	2%	--
$1,000 or more	5%	4%	3%
Varies by pay	2%	2%	--
Other	6%	3%	5%

Annual Out-of-Pocket Maximum

Many reform proposals would limit the amount an individual would have to spend out of his or her own pocket each year. For example, President Clinton's proposal has a limit of $1,500 per year for an individual and $3,000 per year for a family. Colleges and universities already tend to have low out-of-pocket maximums.

- A majority of indemnity plans have annual out-of-pocket maximums of $1,000 or less for individual coverage (63%) and $2,000 or less for family coverage (62%).
- PPO plans and, especially, POS plans are more likely to have no out-of-pocket maximum than are indemnity plans, since employees tend to have lower out-of-pocket expenses for in-network benefits.

	Percentage of Institutions		
Annual Out-of-Pocket Maximum	**Indemnity**	**PPO In-Network**	**POS In-Network**
Individual	*(n=294)*	*(n=183)*	*(n=69)*
No maximum	5%	16%	42%
Less than $500	5%	6%	3%
$500	12%	11%	10%
$501–$749	9%	6%	2%
$750	5%	2%	6%
$751–$999	7%	6%	--
$1,000	20%	26%	25%
$1,001–$1,999	19%	9%	9%
$2,000	9%	3%	1%
$2,001–$4,999	4%	10%	--
$5,000 or more	2%	3%	1%
Varies by pay	3%	2%	1%
Family	*(n=263)*	*(n=170)*	*(n=63)*
No maximum	10%	22%	44%
Less than $1,000	7%	5%	2%
$1,000	15%	11%	14%
$1,001–$1,499	8%	4%	2%
$1,500	8%	5%	8%
$1,501–$1,999	3%	4%	--
$2,000	11%	13%	6%
$2,001–$2,999	11%	5%	3%
$3,000	8%	12%	13%
$3,001–$3,999	4%	2%	1%
$4,000	4%	5%	2%
$4,001–$4,999	1%	2%	--
$5,000 or more	6%	8%	2%
Varies by pay	4%	2%	3%

Plan Maximum

- Indemnity plans and PPOs usually have a lifetime limit on the amount of benefits the plan will pay (81% of indemnity plans; 79% of PPO plans).
- POS plans typically have no plan maximum (64% of POS plans).
- When lifetime plan limits do exist, they are most often set at $1,000,000 (77%–81% of plans, depending on plan type).

	Percentage of Institutions		
Plan Maximum	Indemnity	PPO In-Network	POS In-Network
Type of Maximum	*(n=282)*	*(n=178)*	*(n=67)*
Lifetime maximum	81%	79%	34%
Annual maximum	1%	1%	2%
Unlimited	18%	20%	64%
Lifetime Maximum Amounts	*(n=228)*	*(n=140)*	*(n=22)*
$250,000 or less	4%	1%	--
$500,000	<1%	--	--
$501,000–$999,999	1%	1%	5%
$1,000,000	81%	80%	77%
$1,500,000	1%	2%	--
$2,000,000	7%	9%	14%
More than $2,000,000	6%	7%	4%

Supplemental Benefits

Overall, the survey respondents tend to provide generous benefit packages to their employees. Therefore, it is possible that any government-determined standard benefit package would be for a lower level of services than currently offered by many colleges and universities.

Some health care reform proposals would limit the amount employers can deduct for health care expenses to the cost of the mandated benefit package. One alternative way to enforce this limit is an excise tax that could also apply to tax-exempt organizations.

Participants were asked: If a nationally mandated benefit package provides lower benefits than your institution currently offers, how likely is it that your institution would cut benefit levels back to the lower level?

- Most respondents (63%) feel their institutions are not likely to cut back benefits in this situation.
- Few (9%) feel their institutions are very likely to cut benefits.

Likelihood of Cutting Benefits if Mandatory Package Lower Than Current Benefits	Percentage of Institutions		
	Public *(n=211)*	Private *(n=275)*	All *(n=487)*
Very likely	7%	10%	9%
Somewhat likely	26%	30%	28%
Not likely	67%	60%	63%

Those who responded that they are not likely to cut benefits, even if the mandated package were lower than current benefits, were then asked in what areas they believe they are most likely to provide benefits beyond the minimum requirements.

- Two-thirds (66%) of all respondents believe their institutions are likely to provide supplemental benefits for services not included in the package.
- Just over half of all respondents believe they would provide premium sharing (54%) and cost sharing (51%) beyond the minimum amounts.
- In every category, when compared with private institutions, a greater number of participants from public institutions expect they would provide benefits beyond the minimum.

Benefit Areas Most Likely to Provide Benefits Beyond the Minimum	**Percentage of Institutions**		
	Public *(n=132)*	**Private** *(n=151)*	**All** *(n=283)*
Supplemental benefits (e.g., dental, vision, mental health)	73%	60%	66%
Premium cost sharing beyond an 80% minimum	59%	50%	54%
Benefit cost sharing (e.g., deductible, coinsurance)	58%	44%	51%

(Percentages do not total 100% due to multiple responses)

This same group was also asked for the primary reasons they feel their institutions would continue a higher level of coverage than a mandated benefit package.

- Employee relations was the most reported reason among both public and private institutions (77% and 89% of institutions, respectively).
- Concern with employee health and well-being was reported by a majority of all institutions (67%) but was more prevalent among private institutions (75%).
- Recruitment of employees was also cited by a majority of both groups (public, 55%; private, 54%).
- A collective bargaining agreement was cited by a significant number (43%) of public institutions.

Primary Reason for Continuing Higher Level of Coverage Than Mandated	Percentage of Institutions		
	Public *(n=138)*	Private *(n=164)*	All *(n=302)*
Employee relations	77%	89%	83%
Concern with employee health and well-being	57%	75%	67%
Recruitment	55%	54%	55%
Collective bargaining agreement	43%	16%	28%
Other (e.g., maintain current benefits)	7%	7%	7%

(Percentages do not total 100% due to multiple responses)

Overall the colleges and universities indicate that, at least based on what they know now, their institutions are likely to continue offering benefits beyond a standard package. Several reform proposals would limit the amount employers can deduct for health care to the cost of that standard package. This limit could mean that these colleges and universities would pay more in taxes than they do now. Also, one method to enforce such a limit is through an excise tax on employers' expenditures for "excess" benefits, meaning that tax-exempt institutions could also be affected.

Benefit Tax Treatment

Other potential changes in benefit tax treatment include limiting or eliminating the use of employee pre-tax premium payments and flexible spending accounts for health care.

Most institutions, both public (83%) and private (88%), report that employees use pre-tax premiums to pay for medical coverage.

Employees Use Pre-Tax Premiums for Medical Coverage	Percentage of Institutions		
	Public (n=236)	Private (n=272)	All (n=509)
Yes	83%	88%	86%
No	17%	12%	14%

A majority of both public (54%) and private (61%) institutions also offer a health care spending account/cafeteria plan.

Offer Health Care Spending Account/Cafeteria Plan	Percentage of Institutions		
	Public (n=239)	Private (n=270)	All (n=510)
Yes	54%	61%	58%
No	46%	39%	42%

When spending accounts are available to employees, the annual maximum is most often more than $2,500 (59% of plans).

Spending Account Annual Maximum	Percentage of Institutions		
	Public (n=120)	Private (n=153)	All (n=274)
$1,000 or less	3%	7%	5%
$1,001–$2,500	41%	32%	36%
$2,501–$5,000	43%	42%	43%
More than $5,000	6%	8%	7%
No maximum	7%	11%	9%

Both pre-tax premiums and health care flexible spending accounts are widely used by college and university employees. The employees would likely miss these benefits if they were taken away.

Part-time Employees

A major health care reform issue for colleges and universities will be how part-time employees are treated. Whether colleges and universities are required to pay for coverage for part-time employees could have a major cost impact on many institutions.

Part-time Employment

- On average, colleges and universities tend to have a higher proportion of faculty employed on a part-time basis (35%) than they do staff part-timers (22%).
- Among four-year and graduate institutions, private institutions have a higher average proportion of part-time faculty (35%) than public institutions (23%).
- Two-year institutions use a significantly higher proportion of part-timers than other institutions (47% of all employees).

Type of Institution	Average Part-time Employment as a Percentage of Total Employees		
	Faculty	Staff	Total
All institutions	35%	22%	29%
Four-year/graduate institutions	30%	20%	25%
— Public	23%	21%	22%
— Private	35%	19%	27%
— 100 or fewer full-time employees	40%	24%	32%
— 101-500 full-time employees	35%	19%	27%
— 501-1,000 full-time employees	24%	18%	21%
— >1,000 full-time employees	24%	21%	23%
Two-year institutions	57%	32%	47%

(Percentages do not total 100% because each is an average)

Coverage of Part-time Employees

Less than half the responding institutions provide a subsidy for part-time employee medical coverage (31%–40%, depending on employee category and plan type).

Provide Subsidy for Part-time Coverage: By Plan Type	Percentage of Institutions			
	Single Coverage		Family of Four	
	Faculty	Staff	Faculty	Staff
Indemnity *(n=326)*	32%	34%	31%	32%
PPO *(n=211)*	33%	35%	32%	35%
POS *(n=89)*	37%	40%	35%	38%
HMO *(n=283)*	34%	39%	34%	37%

(Percentages do not total 100% because each category calculated separately)

- Overall, half (49%) of the respondents report that none of their part-time employees have medical coverage provided through the institution.
- Of the remaining schools, the majority (31%) report that 25% or fewer of their part-time employees get coverage through the institution.
- Part-time staff employees are somewhat more likely than part-time faculty to obtain medical coverage through their institutions.

Coverage of Part-time Employees	Percentage of Institutions		
	Faculty *(n=432)*	Staff *(n=447)*	Total *(n=463)*
Percentage of Part-time Employees With Medical Coverage			
None	63%	53%	49%
25% or fewer	21%	23%	31%
26%–50%	9%	11%	11%
51%–75%	4%	8%	6%
76%–99%	1%	3%	2%
100%	2%	2%	1%

As the following two tables show, among four-year and graduate institutions, part-time employees are somewhat more likely to have medical coverage through their schools at public institutions than at private institutions.

Coverage of Part-time Employees	Percentage of Institutions		
	Faculty (n=104)	Staff (n=109)	Total (n=117)
Percentage of Part-time Employees With Medical Coverage			
Four-Year/Graduate - Public Institutions			
None	42%	36%	32%
25% or fewer	30%	27%	31%
26%–50%	14%	12%	17%
51%–75%	8%	13%	13%
76%–99%	2%	8%	4%
100%	4%	4%	3%

Coverage of Part-time Employees	Percentage of Institutions		
	Faculty (n=211)	Staff (n=212)	Total (n=219)
Percentage of Part-time Employees With Medical Coverage			
Four-Year/Graduate - Private Institutions			
None	68%	58%	57%
25% or fewer	18%	22%	27%
26%–50%	8%	11%	11%
51%–75%	3%	7%	5%
76%–99%	2%	1%	<1%
100%	1%	1%	<1%

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Finally, while two-year colleges have a higher proportion of part-time employees, their part-time employees are less likely to have medical coverage through the institution than among the survey group as a whole.

Coverage of Part-time Employees	Percentage of Institutions		
	Faculty (n=81)	Staff (n=84)	Total (n=84)
Percentage of Part-time Employees With Medical Coverage			
Two-Year Institutions			
None	77%	64%	59%
25% or fewer	20%	19%	37%
26%–50%	1%	9%	2%
51%–75%	1%	6%	2%
76%–99%	--	--	--
100%	1%	2%	--

Generally, colleges and universities have a higher proportion of part-time faculty working one-quarter time than working one-third time or more. Any health care reform requirements to provide access or coverage for part-time employees would have to address how to translate part-time faculty workloads into the legislation's hours of work requirement.

Percentage of Part-time Faculty	Percentage of Institutions		
	1/4 Time (n=331)	1/3 Time (n=289)	>1/3 Time (n=316)
None	3%	7%	3%
25% or fewer	26%	60%	44%
26%–50%	28%	21%	30%
51%–75%	23%	7%	13%
76%–99%	14%	3%	3%
100%	6%	2%	7%
Median percentage of part-time faculty working	50%	18%	29%

Most part-time staff work 10 or more hours per week. At about one-fourth of the responding institutions (24%), more than 25 percent of the part-time staff worked 28 or more hours per week.

Percentage of Part-time Staff	Percentage of Institutions Hours Per Week <10	10–27.5	28+
None	50%	48%	37%
25% or fewer	37%	2%	39%
26%–50%	8%	7%	16%
51%–75%	2%	21%	6%
76%–99%	2%	16%	1%
100%	1%	6%	1%
Median percentage of part-time staff working	0%	23%	7%
(n=392)			

The survey information on part-time employees shows the following general trends:

- Colleges and universities have a fairly high proportion of part-time employees.
- A minority of colleges and universities subsidize coverage for part-time employees.
- Part-timers do not tend to get medical coverage from their institutions.

The above trends are more pronounced for two-year institutions.

Thus, any requirement that colleges and universities pay for medical coverage for part-timers could have a significant impact on many institutions. The degree of the impact would depend in part on how many hours a part-timer had to work to be eligible for the employer subsidy. And the cost impact could be especially pronounced for two-year institutions.

Impact on Hiring Practices

Participants were asked what they believe the impact of a mandate to provide medical coverage for part-time employees would be at their institutions, based on what they know today.

- A majority (59%) believe that faced with such a mandate, their institutions would reduce their number of part-time positions.
- Very few (4%) feel that all part-time positions would be eliminated.

Likely Impact of Mandate to Provide Medical Coverage for Part-time Employees	Percentage of Institutions		
	Public (*n*=220)	Private (*n*=223)	All (*n*=444)
Reduce part-time positions	62%	57%	59%
Eliminate part-time positions	4%	4%	4%
No significant change	34%	39%	37%

Many institutions have part-time student employees. Very few colleges or universities (3%) provide medical coverage for part-time work-study students. Coverage for part-time non-work-study students is slightly more prevalent (7%), but still rare.

Provide Medical Coverage for:	Percentage of Institutions		
	Public	Private	All
Part-time Work-Study Students	(*n*=241)	(*n*=275)	(*n*=517)
Yes	2%	4%	3%
No	98%	96%	97%
Part-time Non-Work-Study Students	(*n*=240)	(*n*=275)	(*n*=516)
Yes	9%	6%	7%
No	91%	94%	93%

- If the employer mandate required colleges and universities to provide medical coverage to these student employees, nearly two-thirds (63%) of respondents think the number of part-time positions would be reduced at their institutions.
- About the same number of respondents think such a mandate would result in a reduction in financial aid (50%) as think there would be no significant change in financial aid practices at their institutions (48%).
- Almost no participants (2%) feel financial aid would be eliminated.

Likely Impact of Mandate to Provide Coverage for Part-time Student Employees	Percentage of Institutions Public	Private	All
Hiring Practices	*(n=214)*	*(n=212)*	*(n=426)*
Reduce part-time positions	65%	62%	63%
Eliminate part-time positions	10%	9%	10%
No significant change	25%	29%	27%
Financial Aid Practices	*(n=202)*	*(n=203)*	*(n=405)*
Reduce financial aid	51%	49%	50%
Eliminate financial aid	2%	1%	2%
No significant change	47%	50%	48%

Medical Plan Costs

When health care reform proposals are discussed, one of the most important factors for employers is the overall impact on the cost of providing medical care for active employees. Because the cost of care varies considerably by region, this is frequently expressed as a percentage of payroll. For example, President Clinton's proposal would limit most employers' costs to 7.9 percent of payroll.

Given the information presented in the plan design and part-time coverage sections of this report, what are colleges' and universities' current medical plan costs for active employees, as a percentage of payroll? The survey defined costs as actual or projected 1993 U.S. medical plan cash costs for active employees (both full-time and part-time) including administration costs, paid claims, and premiums, and excluding employee contributions.

Among those respondents who were able to provide this information, the results are as follows:

- For four-year and graduate colleges and universities, slightly more public institutions (43%) have costs of 8 percent or more of payroll than private institutions (39%).
- Over half (53%) of two-year institutions have active medical plan costs of 8 percent or more of payroll.

Active Medical Plan Costs*	Percentage of Institutions		
	Public *(n=64)*	Private *(n=182)*	All *(n=264)*
Costs as Percentage of Payroll			
Four-Year/Graduate Institution			
0.1%–4.9%	23%	18%	20%
5.0%–7.9%	34%	43%	41%
8.0%–9.9%	24%	19%	20%
10.0%–14.9%	17%	17%	17%
15% and above	2%	3%	2%

*Costs defined as actual or projected 1993 U.S. medical plan cash costs for active employees (both full-time and part-time) including administration costs, paid claims, and premiums, and excluding employee contributions.

Active Medical Plan Costs*	Percentage of Institutions (*n*=53)
Costs as Percentage of Payroll Two-Year Institutions	
0.1%–4.9%	19%
5.0%–7.9%	28%
8.0%–9.9%	19%
10.0%–14.9%	26%
15% and above	8%

*Costs defined as actual or projected 1993 U.S. medical plan cash costs for active employees (both full-time and part-time) including administration costs, paid claims, and premiums, and excluding employee contributions.

Generally, public institutions are more likely to provide subsidized retiree medical coverage for both pre-65 (45%) and post-65 (43%) retirees than are private institutions (32% and 31%, respectively).

Retiree Medical Coverage Provided	Percentage of Institutions		
	Public (*n*=239)	Private (*n*=277)	All (*n*=517)
Not provided	21%	36%	29%
Access only, no subsidy	31%	22%	26%
Both pre-65 and post-65 coverage	42%	26%	33%
Pre-65 coverage *only*	3%	6%	5%
Post-65 coverage *only*	1%	5%	3%
Special "grandfathered" groups only	2%	5%	4%

Among those institutions that do subsidize pre-65 retiree medical coverage, at over two-thirds (69%), the total number of pre-65 retirees is 5 percent or less than the number of total full-time employees. Public institutions have a greater proportion of pre-65 retirees than private institutions.

Number of Pre-65 Retirees as a Percentage of Full-time Employees	Percentage of Institutions		
	Public (*n*=65)	Private (*n*=71)	All (*n*=136)
5% or less	52%	85%	69%
6%–10%	40%	13%	26%
11%–15%	3%	1%	2%
More than 15%	5%	1%	3%

By contrast, among those institutions that subsidize post-65 retiree medical coverage, nearly one-third (29%) have a total number of post-65 retirees equal to more than 20 percent of the total number of full-time employees.

Number of Post-65 Retirees as a Percentage of Full-time Employees	Percentage of Institutions		
	Public (*n*=63)	Private (*n*=73)	All (*n*=136)
10% or less	49%	25%	36%
11%–20%	29%	41%	35%
21%–30%	16%	21%	19%
31%–40%	6%	8%	7%
More than 40%	--	5%	3%

Again, looking only at those institutions that *do* subsidize coverage for these groups, almost all institutions include prescription drug coverage in both pre- and post-65 retiree health benefits.

Retiree Health Coverage Includes	Percentage of Institutions			
	Public		Private	
	Pre-65	Post-65	Pre-65	Post-65
Prescription drugs	100%	99%	97%	98%
Dental	50%	45%	34%	21%
Vision	28%	28%	28%	21%
Hearing	19%	20%	19%	16%

(Percentages do not total 100% due to multiple responses)

Over half the responding institutions provide no subsidy for retiree medical coverage today, so such a mandate could have a significant cost impact on the higher education community. This impact would be greater among institutions with a high proportion of retirees.

However, proposals to expand Medicare to include prescription drug coverage could result in a cost savings among those colleges and universities that already subsidize coverage for post-65 retirees.

Purchasing Pools

Under some health care reform proposals, many employers must join regional purchasing alliances. Employees would choose among all the qualified health plans offered in the region. The employers would not be direct purchasers of medical coverage. Generally, reform proposals use employer size to determine which employers would be required or encouraged to join these purchasing alliances, with the thresholds ranging from 100 to 5,000 employees.

- If the threshold were set at 100 full-time employees, most public (97%) and private (90%) institutions would meet this criterion.
- At the other extreme, very few colleges or universities would meet a 5,000-employee requirement (9% public, 4% private).

Number of Full-time Employees	Percentage of Institutions		
	Public *(n=239)*	Private *(n=273)*	All *(n=513)*
More than 100	97%	90%	93%
More than 500	58%	21%	38%
More than 1,000	38%	11%	23%
More than 5,000	9%	4%	6%

(Percentages do not total 100% due to multiple responses)

In most proposals, only employers allowed to operate outside the purchasing pools could self-insure their medical plans.

- Among institutions with over 1,000 full-time employees, about two-thirds of both public (66%) and private (68%) institutions currently self-insure.
- Among institutions with 1,000 or fewer full-time employees, public institutions are more likely to self-insure than private institutions.

Currently Self-Insure	Percentage of Institutions Number of Full-time Employees			
	100 or less	101-500	501-1,000	>1,000
Public Institutions *(n=237)*				
Yes	58%	54%	65%	66%
No	42%	46%	35%	34%
Private Institutions *(n=277)*				
Yes	22%	36%	29%	68%
No	78%	64%	71%	32%

Health Alliances vs. Own Plan

The colleges and universities were asked to *assume* they had the option to join a local purchasing alliance or maintain their own plans. They were then asked to rank factors that would influence this decision.

Most colleges and universities would consider all of the factors listed below.

Factors Influencing Decision	Percentage of Institutions Factors Cited	
	Public *(n=200)*	Private *(n=248)*
Potential cost savings	95%	99%
Extent of control over plan	92%	93%
Administrative ease or complexity	93%	92%
Employee relations	92%	92%
Concern for employee health and well-being	91%	91%
Degree of involvement with medical providers	86%	84%
Other (e.g., state decision or like relationship with current provider)	6%	4%

(Percentages do not total 100% due to multiple responses)

Looking at those factors ranked as the most important and second most important, the potential cost savings of a decision was ranked in the top two most often, followed by the extent of control the institution would have over the plan.

Factors Influencing Decision	Percentage of Institutions			
	Most Important		Second Most Important	
	Public *(n=200)*	Private *(n=248)*	Public	Private
Potential cost savings	48%	57%	26%	22%
Extent of control over plan	23%	13%	24%	23%
Administrative ease or complexity	3%	5%	20%	13%
Employee relations	7%	4%	17%	21%
Concern for employee health and well-being	18%	19%	10%	15%
Degree of involvement with medical providers	--	--	3%	4%
Other (e.g., state decision or like relationship with current provider)	1%	2%	--	2%

It is possible health care reform legislation would require all public institutions, regardless of their size, to participate in state-run purchasing pools.

Public institutions were asked how likely they think it is that their states, *if given the option*, would allow state agencies to continue to maintain their own plans.

Likelihood of Your State Allowing State Agencies to Continue Own Plans	Percentage of Public Institutions
Very likely	22%
Somewhat likely	48%
Not at all likely	30%
(n=206)	

Finally, all participants were asked: *If you were given the option* of forming your own corporate alliance (i.e., maintaining your own plan) or joining the regional purchasing alliance, how likely do you think your institution would be to form a corporate alliance?

Participants were asked to assume they would have this option, even if currently proposed legislation would not allow it.

Generally, more larger colleges and universities said they would form a corporate alliance than smaller colleges and universities.

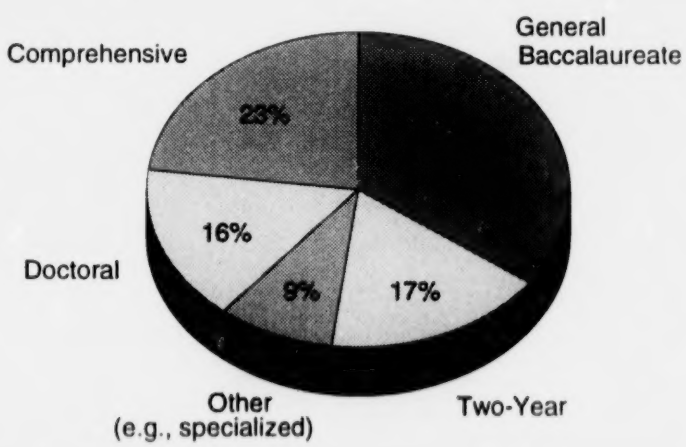
Likelihood of Forming Corporate Alliance	Percentage of Institutions Number of Full-time Employees			
	100 or less	101-500	501-1,000	>1,000
Public Institutions *(n=210)*				
Very likely	10%	37%	35%	31%
Somewhat likely	40%	44%	33%	43%
Not at all likely	50%	19%	32%	26%
Private Institutions *(n=265)*				
Very likely	28%	23%	21%	39%
Somewhat likely	54%	48%	54%	54%
Not at all likely	18%	29%	25%	7%

Type of Institution

Slightly over half (53%) of the participating colleges and universities are private institutions.

Institutional Classification

Overall, the majority of schools represented in the survey are either general baccalaureate (35%) or comprehensive (23%) institutions.



(n=516)

Type of Institution

In comparing public and private institutions, the most prevalent type of public institution is two-year schools (35%), while over half of the private institutions (56%) are classified as general baccalaureate.

Type of Institution	Percentage of Institutions	
	Public (*n*=243)	Private (*n*=272)
General baccalaureate	11%	56%
Comprehensive	26%	20%
Two-year	35%	2%
Doctoral	20%	12%
Other (e.g., specialized)	8%	10%

Number of Full-time Employees

Nearly two-thirds (62%) of participating institutions have 500 or fewer full-time employees. Most have 251 to 500 full-time employees (28%) or 101 to 250 full-time employees (27%).

Number of Full-time Employees	Percentage of Institutions		
	Faculty (*n*=505)	Staff (*n*=507)	Total (*n*=513)
None	1%	--	--
1–50	13%	5%	3%
51–100	24%	14%	4%
101–250	32%	36%	27%
251–500	11%	19%	28%
501–1,000	10%	10%	15%
1,001–5,000	9%	11%	17%
More than 5,000	<1%	5%	6%
Median number of full-time employees	133	223	358

Total 1993-94 Budget

Participants were asked to report their 1993-94 budget. They were asked to include the total institutional budget used for current educational and general operations, including research funds but excluding capital funds.

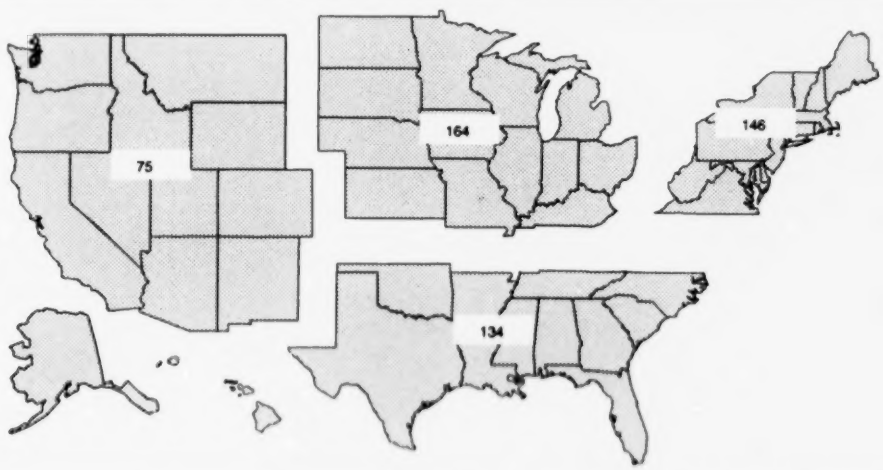
Over three-quarters (77%) have total budgets of $75,000,000 or less. Most budgets range from $10,000,001 to $25,000,000 (31%) or from $25,000,001 to $50,000,000 (22%).

Total 1993-94 Budget	Percentage of Institutions
$10,000,000 or less	14%
$10,000,001–$25,000,000	31%
$25,000,001–$50,000,000	22%
$50,000,001–$75,000,000	10%
$75,000,001–$100,000,000	4%
$100,000,001–$500,000,000	15%
$500,000,001–$1,000,000,000	4%
More than $1,000,000,000	<1%
Median 1993-94 Budget	$28,033,254
(n=504)	

Geographic Distribution

Among the 522 respondents, there is at least one participant from every state plus the District of Columbia, with the exception of Nevada. There is also one participant from Puerto Rico, and one respondent chose to remain anonymous.

Regionally, the Midwest had the greatest number of respondents (32%), followed by the Northeast (28%), the Southeast (26%), and the West (14%).



Participant List

A

AIMS COMMUNITY COLLEGE
ALBERTSON COLLEGE OF IDAHO
ALBRIGHT COLLEGE
ALCORN STATE UNIVERSITY
ALFRED UNIVERSITY
ALLEGHENY COLLEGE
ALLIANCE FOR HIGHER EDUCATION
ALMA COLLEGE
ALVERNIA COLLEGE
ALVERNO COLLEGE
THE AMERICAN COLLEGE
AMERICAN GRADUATE SCHOOL OF INTERNATIONAL MANAGEMENT
AMERICAN INSTITUTE OF BUSINESS
ANDERSON UNIVERSITY
ANTIOCH UNIVERSITY
APPALACHIAN STATE UNIVERSITY
ARAPAHOE COMMUNITY COLLEGE
ARIZONA STATE UNIVERSITY
ARIZONA WESTERN COLLEGE
ARKANSAS COLLEGE
ART INSTITUTE OF SOUTHERN CALIFORNIA
ASBURY THEOLOGICAL SEMINARY
ASHLAND UNIVERSITY
AUBURN UNIVERSITY
AUGUSTA COLLEGE
AUGUSTANA COLLEGE
AURORA UNIVERSITY
AUSTIN COLLEGE
AUSTIN PEAY STATE UNIVERSITY

B

BABSON COLLEGE
ABRAHAM BALDWIN AGRICULTURAL COLLEGE
BALDWIN-WALLACE COLLEGE
BALL STATE UNIVERSITY
BANK STREET COLLEGE OF EDUCATION
BARD COLLEGE
BARRY UNIVERSITY
BARTLESVILLE WESLEYAN COLLEGE
BASTYR COLLEGE
BATES COLLEGE
BAYLOR COLLEGE OF DENTISTRY
BEMIDJI STATE UNIVERSITY
BENNINGTON COLLEGE
BLACK HILLS STATE UNIVERSITY
BOARD OF GOVERNORS CHANCELLORS' OFFICE
BOISE STATE UNIVERSITY
BOSTON UNIVERSITY, OFFICE OF PERSONNEL
BOWLING GREEN STATE UNIVERSITY
BRADFORD COLLEGE
BRADLEY UNIVERSITY
BREWTON-PARKER COLLEGE
BRIAR CLIFF COLLEGE
BRISTOL COMMUNITY COLLEGE
BROOME COMMUNITY COLLEGE
BROWARD COMMUNITY COLLEGE
BRUNSWICK COLLEGE
BRYAN COLLEGE
BRYANT COLLEGE
BRYN MAWR COLLEGE
BUCKS COUNTY COMMUNITY COLLEGE
BUENA VISTA COLLEGE

C

CALDWELL COLLEGE
CALIFORNIA INSTITUTE OF TECHNOLOGY
CALIFORNIA STATE UNIVERSITY, BAKERSFIELD
CALIFORNIA STATE UNIVERSITY, LONG BEACH
CALIFORNIA STATE UNIVERSITY, SACRAMENTO
CALVIN COLLEGE
CAMPBELLSVILLE COLLEGE INC.
CARLETON COLLEGE
JOHN CARROLL UNIVERSITY
CARTHAGE COLLEGE
CASE WESTERN RESERVE UNIVERSITY
CASPER COLLEGE
THE CATHOLIC UNIVERSITY OF AMERICA
CECIL COMMUNITY COLLEGE
CEDARVILLE COLLEGE
CENTRAL COMMUNITY COLLEGE
CENTRAL MICHIGAN UNIVERSITY
CENTRAL OFFICE OF THE STATE COLLEGE & UNIVERSITY SYSTEMS
CENTRAL PIEDMONT COMMUNITY COLLEGE
CENTRAL TEXAS COLLEGE
CENTRAL UNIVERSITY OF IOWA
CENTRALIA COLLEGE
CENTRE COLLEGE OF KENTUCKY
CHADRON STATE COLLEGE
CHAMPLAIN COLLEGE
CHATTANOOGA STATE TECHNICAL COMMUNITY COLLEGE
CLARK UNIVERSITY
CLEMSON UNIVERSITY
COCHISE COLLEGE
COCONINO COUNTY COMMUNITY COLLEGE
COLBY-SAWYER COLLEGE
COLGATE UNIVERSITY
COLLEGE MISERICORDIA
COLLEGE OF ASSOCIATED ARTS
COLLEGE OF DUPAGE
COLLEGE OF GREAT FALLS
COLLEGE OF THE HOLY CROSS
COLLEGE OF MOUNT ST. JOSEPH
COLLEGE OF OSTEOPATHIC MEDICINE OF THE PACIFIC
COLLEGE OF OUR LADY OF THE ELMS
COLLEGE OF ST. BENEDICT

COLLEGE OF ST. CATHERINE
COLLEGE OF ST. ELIZABETH
COLLEGE OF SAINT MARY
COLLEGE OF WILLIAM AND MARY
THE COLLEGE OF WOOSTER
COLORADO SCHOOL OF MINES
COLUMBIA COLLEGE
COLUMBUS STATE COMMUNITY COLLEGE
COMMISSIONER OF HIGHER EDUCATION
COMMUNITY COLLEGE OF BEAVER COUNTY
COMMUNITY COLLEGE OF PHILADELPHIA
CONCORDIA COLLEGE
CONCORDIA SEMINARY
THE COOPER UNION
CORNELL UNIVERSITY
COVENANT THEOLOGICAL SEMINARY
CRANBROOK EDUCATIONAL COMMUNITY
CREIGHTON UNIVERSITY
CUNY RESEARCH FOUNDATION
CUYAHOGA COMMUNITY COLLEGE

D

D'YOUVILLE COLLEGE
DAKOTA STATE UNIVERSITY
DAKOTA WESLEYAN UNIVERSITY
DANVILLE AREA COMMUNITY COLLEGE
DARTMOUTH COLLEGE
DAVIDSON COLLEGE
DAVIS & ELKINS COLLEGE
DEKALB COLLEGE
DENISON UNIVERSITY
DEPAUW UNIVERSITY
DODGE CITY COMMUNITY COLLEGE
DORDT COLLEGE
DREW UNIVERSITY
DREXEL UNIVERSITY
DUKE UNIVERSITY
DUQUESNE UNIVERSITY
DYERSBURG STATE COMMUNITY COLLEGE

E

EAST CENTRAL COLLEGE
EAST CENTRAL COMMUNITY COLLEGE
EAST STROUDSBURG UNIVERSITY
EASTERN CONNECTICUT STATE UNIVERSITY
EASTERN MENNONITE COLLEGE & SEMINARY
EASTERN MICHIGAN UNIVERSITY
EASTERN MONTANA COLLEGE
EASTERN NEW MEXICO UNIVERSITY
EASTERN OREGON STATE COLLEGE
EASTERN WASHINGTON UNIVERSITY
ECKERD COLLEGE
EL PASO COMMUNITY COLLEGE
ELGIN COMMUNITY COLLEGE
ELMHURST COLLEGE
EMBRY-RIDDLE AERONAUTICAL UNIVERSITY
EMORY UNIVERSITY

F

FAIRLEIGH DICKINSON UNIVERSITY
FERRIS STATE UNIVERSITY
FERRUM COLLEGE
FITCHBURG STATE COLLEGE
FLORIDA A&M UNIVERSITY
FLORIDA ATLANTIC UNIVERSITY
FORT VALLEY STATE COLLEGE
GEORGE FOX COLLEGE
FRANKLIN COLLEGE OF INDIANA
FRANKLIN UNIVERSITY
FREE WILL BAPTIST BIBLE COLLEGE
FRIENDS UNIVERSITY
FROSTBURG STATE UNIVERSITY
FURMAN UNIVERSITY

G

GEORGETOWN COLLEGE
GEORGIA COLLEGE
GEORGIA SOUTHWESTERN COLLEGE
GONZAGA UNIVERSITY
GOSHEN COLLEGE
GOUCHER COLLEGE
GRACELAND COLLEGE
GRAND VALLEY STATE UNIVERSITY
GUILFORD COLLEGE

H

HAMILTON COLLEGE
HAMPDEN SYDNEY COLLEGE
WILLIAM RAINEY HARPER COLLEGE
HARTWICK COLLEGE
HARVARD UNIVERSITY
HEARTLAND COMMUNITY COLLEGE
HEIDELBERG COLLEGE
HILBERT COLLEGE
HILLSDALE FREE WILL BAPTIST COLLEGE
HOFSTRA UNIVERSITY
HOLLINS COLLEGE
HOLY FAMILY COLLEGE
HOOD COLLEGE
HOUGHTON COLLEGE
HOUSTON BAPTIST UNIVERSITY
HOWARD COUNTY JUNIOR COLLEGE DISTRICT

I

ILLINOIS COLLEGE OF OPTOMETRY
ILLINOIS EASTERN COMMUNITY COLLEGES
ILLINOIS STATE UNIVERSITY
ILLINOIS WESLEYAN UNIVERSITY
INCARNATE WORD COLLEGE
INDIANA UNIVERSITY OF PENNSYLVANIA
INDIANA VOCATIONAL TECHNICAL COLLEGE
INDIANA WESLEYAN UNIVERSITY

INSTITUTE OF PAPER SCIENCE & TECHNOLOGY
INTER AMERICAN UNIVERSITY OF PUERTO RICO
IOWA STATE UNIVERSITY
IOWA VALLEY COMMUNITY COLLEGE DISTRICT

J

JACKSON STATE UNIVERSITY
JACKSONVILLE STATE UNIVERSITY
JAMESTOWN COLLEGE
JAMESTOWN COMMUNITY COLLEGE
WILLIAM JEWELL COLLEGE

K

KALAMAZOO COLLEGE
KALAMAZOO VALLEY COMMUNITY COLLEGE
KENNESAW STATE COLLEGE
KENT STATE UNIVERSITY
KIRKWOOD COMMUNITY COLLEGE

L

LAFAYETTE COLLEGE
LAKE MICHIGAN COLLEGE
LAKE SUPERIOR STATE UNIVERSITY
LAKELAND COLLEGE
LAMAR UNIVERSITY - ORANGE
LANDER UNIVERSITY
LANE COMMUNITY COLLEGE - PERSONNEL SERVICE
LANGSTON UNIVERSITY
LAURENCE UNIVERSITY
LAWRENCE TECHNOLOGICAL UNIVERSITY
LEWIS & CLARK COLLEGE
LIMA TECHNICAL COLLEGE
LINFIELD COLLEGE
LOGAN COLLEGE OF CHIROPRACTIC
LONGWOOD COLLEGE
L.A. COLLEGE OF CHIROPRACTIC
LOYOLA MARYMOUNT UNIVERSITY
LOYOLA UNIVERSITY
LUTHER COLLEGE
LYCOMING COLLEGE
LYNCHBURG COLLEGE

M

JAMES MADISON UNIVERSITY
MADONNA UNIVERSITY
MANCHESTER COLLEGE
MARIAN COLLEGE
MARICOPA COMMUNITY COLLEGES
FRANCIS MARION UNIVERSITY
MARQUETTE UNIVERSITY
MARYMOUNT UNIVERSITY
MARYVILLE UNIVERSITY
MASSACHUSETTS MARITIME ACADEMY
THE MASTER'S COLLEGE
MEDICAL COLLEGE OF GEORGIA
MEDICAL COLLEGE OF HAMPTON ROADS
MEDICAL UNIVERSITY OF SOUTH CAROLINA
MEHARRY MEDICAL COLLEGE
MERIDIAN COMMUNITY COLLEGE
MESSIAH COLLEGE
METHODIST THEOLOGICAL SCHOOL
METROPOLITAN STATE COLLEGE OF DENVER
MICHIGAN TECHNOLOGICAL UNIVERSITY
MIDDLE GEORGIA COLLEGE
MIDDLE TENNESSEE STATE UNIVERSITY
MIDLAND LUTHERAN COLLEGE
MILLIKIN UNIVERSITY
MILLS COLLEGE
MISSISSIPPI COUNTY COMMUNITY COLLEGE
MISSISSIPPI STATE UNIVERSITY
MISSOURI SOUTHERN STATE COLLEGE
MITCHELL COLLEGE
WILLIAM MITCHELL COLLEGE OF LAW
MOHAWK VALLEY COMMUNITY COLLEGE
MONTANA STATE UNIVERSITY
MORAINE VALLEY COMMUNITY COLLEGE
MOREHEAD STATE UNIVERSITY
MORNINGSIDE COLLEGE
MOUNT ST. CLARE COLLEGE
MOUNT ST. MARY'S COLLEGE (CA)
MOUNT SAINT MARY'S COLLEGE (MD)
MOUNT UNION COLLEGE
MOUNTAIN EMPIRE COMMUNITY COLLEGE
MURRAY STATE UNIVERSITY
MUSKINGUM AREA TECHNICAL COLLEGE

N

NATIONAL COLLEGE OF CHIROPRACTIC
NATIONAL-LOUIS UNIVERSITY
NAZARETH COLLEGE
NEBRASKA METHODIST COLLEGE
NEBRASKA WESLEYAN UNIVERSITY
THE NEW ENGLAND COLLEGE OF OPTOMETRY
NEW MEXICO STATE UNIVERSITY
NEW RIVER COMMUNITY COLLEGE
NIAGARA UNIVERSITY
NORTH CENTRAL TECHNICAL COLLEGE
NORTH DAKOTA STATE UNIVERSITY
NORTHEAST COMMUNITY COLLEGE
NORTHEASTERN ILLINOIS UNIVERSITY
NORTHEASTERN UNIVERSITY
NORTHERN KENTUCKY UNIVERSITY
NORTHERN MAINE TECHNICAL COLLEGE
NORTHERN MICHIGAN UNIVERSITY
NORTHERN STATE UNIVERSITY
NORTHERN VIRGINIA COMMUNITY COLLEGE
NORTHWESTERN MICHIGAN COLLEGE
NORWICH UNIVERSITY
NOTRE DAME COLLEGE
NOVA SOUTHEASTERN UNIVERSITY

O

OAKLAND UNIVERSITY
OAKTON COMMUNITY COLLEGE
OCEAN COUNTY COLLEGE
OFFICE OF HIGHER EDUCATION
OHIO DOMINICAN COLLEGE
OKLAHOMA CITY COMMUNITY COLLEGE
OLIVET COLLEGE
OLIVET NAZARENE UNIVERSITY
OLYMPIC COLLEGE
OREGON HEALTH SCIENCES UNIVERSITY
OUR LADY OF THE LAKE UNIVERSITY
OWENS TECHNICAL COLLEGE

P

PACIFIC UNIVERSITY
PALM BEACH ATLANTIC COLLEGE
WILLIAM PATERSON COLLEGE
PEMBROKE STATE UNIVERSITY
PENNSYLVANIA COLLEGE OF OPTOMETRY
PENNSYLVANIA COLLEGE OF TECHNOLOGY
PERU STATE COLLEGE
PFEIFFER COLLEGE
PHILADELPHIA COLLEGE OF PHARMACY AND SCIENCE
PHILADELPHIA COLLEGE OF TEXTILES & SCIENCE
PIEDMONT COLLEGE
FRANKLIN PIERCE LAW CENTER
PLYMOUTH STATE COLLEGE/UNIVERSITY SYSTEM OF NEW HAMPSHIRE
PORTLAND STATE UNIVERSITY
PRINCETON UNIVERSITY
PUEBLO COMMUNITY COLLEGE

Q

QUINCY UNIVERSITY

R

RADFORD UNIVERSITY
RANDOLPH-MACON COLLEGE
REGIS COLLEGE
RENTON TECHNICAL COLLEGE
RESEARCH FOUNDATION OF STATE UNIVERSITY OF NEW YORK
RHODE ISLAND COLLEGE
RIVIER COLLEGE
ROBERTS WESLEYAN COLLEGE
ROCHESTER INSTITUTE OF TECHNOLOGY
ROOSEVELT UNIVERSITY
ROSARY COLLEGE
ROSE-HULMAN INSTITUTE OF TECHNOLOGY

S

ST. ANDREW'S EPISCOPAL SCHOOL
ST. BONAVENTURE UNIVERSITY
ST. EDWARD'S UNIVERSITY, INC.
ST. JOHNS RIVER COMMUNITY COLLEGE
ST. JOHN'S UNIVERSITY
SAINT JOSEPH'S COLLEGE
SAINT JOSEPH'S UNIVERSITY
SAINT LEO COLLEGE
SAINT LOUIS UNIVERSITY
SAINT MARTIN'S COLLEGE
SAINT MARY'S COLLEGE (MN)
SAINT MARY'S COLLEGE OF CALIFORNIA
ST. MARYS COLLEGE OF MARYLAND
ST. MARY'S UNIVERSITY
SAINT MICHAELS COLLEGE
ST. OLAF COLLEGE
ST. THOMAS AQUINAS COLLEGE
SAINT VINCENT COLLEGE
SALVE REGINA UNIVERSITY
SAN DIEGO COMMUNITY COLLEGE DISTRICT
SAN JUAN COLLEGE
SANTA CLARA UNIVERSITY
SCHOOLCRAFT COLLEGE
SEATTLE PACIFIC UNIVERSITY
SEMINOLE COMMUNITY COLLEGE
SETON HILL COLLEGE
SHELBY STATE COMMUNITY COLLEGE
SHENANDOAH UNIVERSITY
SHIMER COLLEGE
SHIPPENSBURG UNIVERSITY
SIMPSON COLLEGE
SOUTH DAKOTA STATE UNIVERSITY
SOUTH PUGET SOUND COMMUNITY COLLEGE
SOUTH SUBURBAN COLLEGE
SOUTH TEXAS COLLEGE OF LAW
SOUTHEAST COMMUNITY COLLEGE
SOUTHEAST MISSOURI STATE UNIVERSITY
SOUTHEASTERN LOUISIANA UNIVERSITY
SOUTHERN BAPTIST THEOLOGICAL SEMINARY
SOUTHERN CALIFORNIA COLLEGE OF OPTOMETRY
SOUTHERN COLLEGE OF OPTOMETRY
SOUTHERN COLLEGE OF TECHNOLOGY
SOUTHERN ILLINOIS UNIVERSITY
SOUTHERN ILLINOIS UNIVERSITY AT EDWARDSVILLE
SOUTHWEST TEXAS STATE UNIVERSITY
SOUTHWESTERN UNIVERSITY
SPALDING UNIVERSITY
SPARTANBURG METHODIST COLLEGE
SPELMAN COLLEGE
SPRING HILL COLLEGE
STANFORD UNIVERSITY
STATE SYSTEM OF HIGHER EDUCATION (PA)
STATE UNIVERSITY OF NEW YORK COLLEGE AT CORTLAND
STEVENS INSTITUTE OF TECHNOLOGY
THE RICHARD STOCKTON COLLEGE OF NEW JERSEY

SUNY - COLLEGE AT OLD WESTBURY
SUNY INSTITUTE OF TECHNOLOGY AT UTICA/ROME
SWEET BRIAR COLLEGE

T

TARRANT COUNTY JUNIOR COLLEGE
TEXAS CHRISTIAN UNIVERSITY
THOMAS COLLEGE
TRINITY COLLEGE
TRINITY UNIVERSITY
TRITON COLLEGE
TROY STATE UNIVERSITY
TULANE UNIVERSITY

U

UNION COLLEGE
UNITED STATES INTERNATIONAL UNIVERSITY
THE UNIVERSITY OF AKRON
THE UNIVERSITY OF ALABAMA AT BIRMINGHAM
THE UNIVERSITY OF ALABAMA IN HUNTSVILLE
UNIVERSITY OF ALABAMA IN TUSCALOOSA
UNIVERSITY OF ALASKA SOUTHEAST
UNIVERSITY OF ARIZONA
UNIVERSITY OF ARKANSAS AT FAYETTEVILLE
UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES
UNIVERSITY OF CALIFORNIA
UNIVERSITY OF CALIFORNIA (SAN DIEGO)
UNIVERSITY OF CENTRAL OKLAHOMA
UNIVERSITY OF CENTRAL TEXAS
UNIVERSITY OF DALLAS
UNIVERSITY OF DELAWARE
UNIVERSITY OF EVANSVILLE
UNIVERSITY OF FLORIDA
UNIVERSITY OF GUAM
UNIVERSITY OF HAWAII SYSTEM
UNIVERSITY OF IDAHO
UNIVERSITY OF IOWA
UNIVERSITY OF KANSAS
UNIVERSITY OF KENTUCKY
UNIVERSITY OF LAVERNE
UNIVERSITY OF MARY
UNIVERSITY OF MARY HARDIN - BAYLOR
UNIVERSITY OF MASSACHUSETTS AMHERST
UNIVERSITY OF MIAMI - EMPLOYEE BENEFITS
UNIVERSITY OF MISSISSIPPI MEDICAL CENTER
UNIVERSITY OF MISSOURI
UNIVERSITY OF MOBILE
THE UNIVERSITY OF MONTANA
UNIVERSITY OF MONTEVALLO
UNIVERSITY OF NEBRASKA
UNIVERSITY OF NEW ORLEANS
UNIVERSITY OF NORTH CAROLINA AT ASHEVILLE
UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL
UNIVERSITY OF NORTH CAROLINA AT CHARLOTTE
UNIVERSITY OF NORTH TEXAS HEALTH SCIENCE CENTER AT FORT WORTH
THE UNIVERSITY OF OKLAHOMA
UNIVERSITY OF OSTEOPATHIC MEDICINE & HEALTH SCIENCES
UNIVERSITY OF PUGET SOUND
UNIVERSITY OF REDLANDS
UNIVERSITY OF RICHMOND
UNIVERSITY OF ROCHESTER
UNIVERSITY OF SCRANTON
UNIVERSITY OF SOUTH ALABAMA
UNIVERSITY OF SOUTH CAROLINA
UNIVERSITY OF SOUTH DAKOTA
UNIVERSITY OF SOUTHERN CALIFORNIA
UNIVERSITY OF SOUTHERN INDIANA
UNIVERSITY SYSTEM OF NEW HAMPSHIRE
THE UNIVERSITY OF TENNESSEE
UNIVERSITY OF TEXAS AT AUSTIN
THE UNIVERSITY OF TEXAS AT DALLAS
UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT SAN ANTONIO
UNIVERSITY OF TEXAS AT SAN ANTONIO
THE UNIVERSITY OF TEXAS AT TYLER
THE UNIVERSITY OF THE SOUTH
UNIVERSITY OF VIRGINIA
UNIVERSITY OF WISCONSIN - EAU CLAIRE
UNIVERSITY OF WISCONSIN - LA CROSSE
UNIVERSITY OF WISCONSIN SYSTEM (UNIVERSITY OF WISCONSIN-STOUT)
URSULINE COLLEGE
UTAH STATE UNIVERSITY
UTAH SYSTEM OF HIGHER EDUCATION
UTICA COLLEGE OF SYRACUSE UNIVERSITY

V

VALENCIA COMMUNITY COLLEGE
VANDERBILT UNIVERSITY
VASSAR COLLEGE
VIRGINIA COMMUNITY COLLEGE SYSTEM
VIRGINIA COMMONWEALTH UNIVERSITY/MEDICAL COLLEGE VIRGINIA HOSPITAL
VIRGINIA MILITARY INSTITUTE
VITERBO COLLEGE

W

WALTERS STATE COMMUNITY COLLEGE
WARTBURG THEOLOGICAL SEMINARY
WASHINGTON COUNTY TECHNICAL COLLEGE
GEORGE WASHINGTON UNIVERSITY
WASHINGTON STATE UNIVERSITY

WAYNE COUNTY COMMUNITY COLLEGE
WAYNE STATE COLLEGE
WAYNE STATE UNIVERSITY
WELLESLEY COLLEGE
WELLS COLLEGE
WESTBROOK COLLEGE
WESTERN BAPTIST COLLEGE
WESTERN CAROLINA UNIVERSITY
WESTERN KENTUCKY UNIVERSITY
WESTERN MICHIGAN UNIVERSITY
WESTERN NEBRASKA COMMUNITY COLLEGE
WESTERN OREGON STATE COLLEGE
WESTMINSTER COLLEGE OF SALT LAKE CITY
THE WESTMINSTER SCHOOLS
WESTMINSTER THEOLOGICAL SEMINARY
WESTMONT COLLEGE
WESTMORELAND COUNTY COMMUNITY COLLEGE
WHEATON COLLEGE
WHEELING JESUIT COLLEGE
WHITMAN COLLEGE
WHITWORTH COLLEGE
WICHITA STATE UNIVERSITY
WILKES UNIVERSITY
ROGER WILLIAMS UNIVERSITY
WILMINGTON COLLEGE
LINDSEY WILSON COLLEGE
WITTENBERG UNIVERSITY
JOHN WOOD COMMUNITY COLLEGE
WILLIAM WOODS UNIVERSITY
WORCESTER STATE COLLEGE
WRIGHT STATE UNIVERSITY

X

XAVIER UNIVERSITY OF LOUISIANA

Y

YALE UNIVERSITY

For further information on the survey, contact

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